

To: Secretary-Treasurer
Peace Officers' Annuity &~ Benefit Fund
P. O. Box 56
Griffin, Georgia 30224

STATE OF GEORGIA:

COUNTY OF _____:

Certificate No. _____ Peace Officers' Annuity and Benefit Fund of Ga.,

Issued to: _____.

Address

City

State

Zip

Phone

I hereby request that the beneficiary to receive the amount payable under the above numbered certificate, upon receipt of due proof of undersigned's death be changed as follows,

From:

(Name and relationship)

To:

(Name and relationship)

(Address of New Beneficiary)

of said named beneficiary is not living at the time of my death, then all benefits under the above numbered Certificate shall be paid to the Executor or Administrator of my estate.

Effective date of change: This and any subsequent change of beneficiary shall take effect as of the date of signing upon acceptance and recording at the home office of the Peace Officers' Annuity & Benefit Fund of Georgia, at Griffin, Georgia, subject to any payment made by the Peace Officers' Annuity and Benefit Fund of Georgia, or action taken by it, before receipt of the change of beneficiary request at the home office. The Certificate must accompany the request.

This _____ day of _____, 2_____.

Signature of Certificate Holder

Signed, sealed and subscribed to before me,

On the _____ day of _____, 2_____.

Notary Public